



I. APPLICANT INFORMATION									
Operating Name:									
Address:									
City:	Province:			Postal Code:					
Country:	Phone:			Fax:					
Email:	Company Website:								
Legal Name: same as above or									
Mailing Address: same as above	or								
City:		Province:		Postal Code:					
Country:	Phone:			Fax:					
Is your company a holding company?	?:	Will your ac	count be used	by, or on behalf	of a third party? □Y □N				
Do you have an account with us?:]Y □N If	yes, please provide	names:						
How did you hear about us? ☐ STRIDE Customer ☐ Phone Call ☐ Internet ☐ Referral ☐ Other:									
II. BUSINESS INFORMATION									
Business Type: Sole Proprietor	Partners	hip 🗌 Corporation	□Trust □Cha	arity 🗌 Governm	nent Entity Public Corp Other				
Business Jurisdiction:	Province	Busin	ess Number:						
Incorporation Date:		Years in Business:			NAICS Code:				
Description of your business:									
Attach the following: Articles of I	ncorporati	on, or 🔲 Business	License						
Are individuals listed above or transa	acting with	n CastleFX/Corpay Po	olitically Expos	ed Person or He	ad of Int'l Organization? 🔲 Y 🔲 N				
If Yes:									
Politically Exposed Person (PEP) is an individual who holds or has ever held one of the following offices or positions or on behalf of a domestic or foreign country: Head of an International Organization (HIO) is a person who is either: 1. the head of an international organization established by the governments of states; or 2. the head of an institution established by an international organization.									
III. BANKING INFORMATION									
Full Legal Name on Account:									
Financial Institution Name: Account Manager:									
Institution/Bank ID #:	Transit	#:		Account #:					
City:		Province:	Postal Code:						

4	CASTLE
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Country:	Phone:			Email:						
Institution/Bank ID #:	Transit #:			Account #:						
SWIFT Code:	Currency of Account:									
Attach a void company cheque		How man	y autho	rizations d	do you have for this account ?:					
How will you make payments/transfers? ☐ PAD (Pre-Authorized Debt Agreement) or ☐ I will wire funds or send funds via online banking										
IV. FOREIGN CURRENCY CONVERSION										
Explain your currency conversion nee	eds:									
List countries you will be sending currencies to:										
List countries you will be receiving currencies from:										
Types of Trades: Cash/Spot	Estimated Monthly Transaction	ns:		Estimate	d Monthly Volume:					
☐ Forward*	LEI Number*:			LEI Expir	ration Date*:					
Currencies Buying:	☐ EUR ☐ GBP ☐ Other (please	e list):								
Currencies Selling:	☐ EUR ☐ GBP ☐ Other (please	e list):								
Company Trading Limit (in USD)	\$	* NOTE: Individ	dual limits o	can be set for e	each user					
			V. CAST	TLEFX ONLI	NE					
be selected during your account set up. If	CastleFX Online is our free, secure and simple to use online platform for managing your currency conversions and payments. You can set up CastleFX Online users at any time, but at least one user must be selected during your account set up. If you have multiple users you will need to select the Primary Contact for payment inquiries, daily operations, call-backs and receipt of confirmations. Please note that any user listed on this application will be authorized to access the services provided by Castle Currency Exchange Inc.									
			Us	ser Role De	efinition					
Input and Approve	Input Only	Reports V	iewer		Custom Role					
View Balance	View Balance	View Balan	ce		Bespoke functionality to be determined					
Submit Orders (FX trades)										
Schedule Payments										
Administer/Approve Beneficiaries	Access/Edit Beneficiaries									
View/Reprint Reports	View/Reprint Reports	View/Reprin	t Reports	.s						
*Approval required when submitting Orders/sch	eduling payments									
VI. VERIFICATION AND FORMS										
Attach the following: Articles of Incorporation, or Business License										
Castle Currency Exchange Inc foreign exchange Sharing of customers' information - Customer un	and payment transaction service is provi derstands Castle Currency Exchange will shar	ded by Corpay. e all necessary	If you us information	se the Corpay	service, Corpay will pay Castle Currency Exchange Inc a revenue sharing fee. y . Customer has read, understood and agreed to Castle Currency Exchange's and Corpay's Terms & Conditions,					
© 2023 Castle Currency Exchange Inc All rights reserved.										





VII. SIGNATORY INFORMATION									
plication on behalf of t	he Client (e.g., Con	mpany Officer,	Director, Co	rporate S	ecretary, Presid	ent, Partner, Owner, etc.).		
wanting for this acc	count?								
Authorized Signatory 1 Account Primary Co.					User Ro	ole:_			
☐ MrMrsMsDr Name (First, Middle, Last)					Date of		h Citizenship	Business Telephone	
s City			Province	Postal C	Cou	ntry	Email		
		ation Ex	piry Date:				Jurisdiction Where Issue	d:	
cense 🗌 Passport 🖺	Other			Individual	Trading Li	mit (in USD)	\$		
Authorization require	ed	Accou	nt Primary C	ontact \Box	tact User Role:				
, Middle, Last)		Occupation				Date of Birth	Citizenship	Business Telephone	
City			Province	Postal Code	Соц	ountry Email			
	Identific	cation E	xpiry Date:		Jurisdiction Where Issued:				
cense Passport	Other			Individual Trading Limit (in USD)			\$	\$	
	ADDITIO	20101 011	1711001750 5	NADTIEC AN	D ONL IN	IE 400500 HO	-00		
tion will be authorized	to access t	the servi	ces provided b	y Castle Cur	rency Exc	hange and Corpa	ay.		
		Accour	nt Primary Co	ontact 🗌	User Ro	ole:_			
Middle, Last)		Occupat	tion			Date of Birtl	h Citizenship	Business Telephone	
City			Province	Postal Code	('Ountry		Email		
						Individual Trading Limit (in USD) \$			
	Middle, Last) City Cense Passport Continued Passp	Middle, Last) City Identific cense Passport Other Authorization required Middle, Last) City Identific Other VIII. ADDITIO tion will be authorized to access Middle, Last)	Plication on behalf of the Client (e.g., Corwanting for this account? Account	Account Primary Co Middle, Last) City Province Identification Expiry Date: Account Primary Co Middle, Last) Occupation Account Primary Co Account Primary Co Identification Expiry Date: Cense Passport Other City Province Identification Expiry Date: Compation City Province Identification Expiry Date: Compation City Province Identification Expiry Date: Cense Passport Other VIII. ADDITIONAL AUTHORIZED F tion will be authorized to access the services provided by Account Primary Co Middle, Last) Occupation	wanting for this account? Account Primary Contact Middle, Last) Occupation	wanting for this account? Account Primary Contact User Reservence Passport Other Individual Trading Literation City Province Postal Code Count	plication on behalf of the Client (e.g., Company Officer, Director, Corporate Secretary, President Wanting for this account? Account Primary Contact User Role:_ Middle, Last)	plication on behalf of the Client (e.g., Company Officer, Director, Corporate Secretary, President, Partner, Owner, etc.). wanting for this account? Account Primary Contact User Role:_ Middle, Last)	

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User 2		Account Primary Co				User Ro	Role:				
☐ MrMrsMsDr	Name (First, Middle, Last)			tion			Date of Birth	Citizenship	Business Telephone		
Residential Street Address		City		Province		Country		Email			
					Individual T	rading Li	mit (in USD)	\$			
User 3	Account Primary			nt Primary Co	ntact User Role:						
☐ Mr ☐ Mrs ☐ Ms ☐ Dr	Mr Mrs Ms Dr Name (First, Middle, Last)			tion			Date of Birth	Citizenship	Business Telephone		
Residential Street Address		City Province			Postal Code	Country		Email			
						rading Li					





IX. BOARD OF DIRECTORS/ APPOINTED OFFICERS										
Please list all directors/appointed officers and complete the required information. If there are more than three Directors/Appointed Officers, please provide the below information separately.										
Director /Appointed Officer 1 ☐ same as Authorized Signatory 1				nt Primary Co	ontact 🗌	User Ro	ole:_			
☐ MrMrsMsDr Name (First, Middle, Last)			Occupa	tion			Date of Birth	Citizenship	Telephone	
Residential Street Address		City		Province	Postal C	Cour	ntry	Email		
					Individual 1	rading Li	mit (in USD)	\$		
	I									
Director /Appointed Officer 2	same as Autho	rized Signatory 2	Accour	nt Primary Co	ontact 🗌	User Ro	ole:			
☐ Mr ☐ Mrs ☐ Ms ☐ Dr Na	me (First, Middle,	Last)	Occupa	tion			Date of Birth	Citizenship	Telephone	
Residential Street Address City			Province		Postal Code	Cour	ntry	Email		
				1	Individual T	rading Lir	mit (in USD)	\$		
Director /Appointed Officer 3	same as User	1	Accour	Account Primary Contact User Role:						
☐ Mr ☐ Mrs ☐ Ms ☐ Dr Na	me (First, Middle,	Last)	Occupation Date				Date of Birth	Citizenship	Telephone	
Residential Street Address		City	Province Postal Code			Country		Email		
					Individual 1	rading Li	mit (in USD)	\$		
D'										
Director /Appointed Officer 4	same as User 2			nt Primary C	ontact 🔲	User Ro				
☐ Mr ☐ Mrs ☐ Ms ☐ Dr Name (First, Middle, Last)			Occupa	tion			Date of Birth	Citizenship	Telephone	
Residential Street Address City		Province Postal Code		Country		Email				
					Individual 7	rading Li	mit (in USD)	\$		





X. LIST BENEFICIAL OWNERS

If publicly listed skip this section

Please complete the below for each natural person who, directly or indirectly, owns or controls 25% or more of the Client. Beneficial owners cannot be another legal entity; they must be the natural persons that, through direct ownership, or through indirect influence or control, such as trustee, power of attorney, or other position of authority or influence over an owner of Client including an informal arrangement with an owner, are able to exercise control over the Client. If there is no individual who maintains at least 25% ownership and/ or control, please enter the individual with the largest percentage of ownership. You must list at least one natural person. If there are more than three beneficial owners, please provide the below information for each additional beneficial owner on a separate page.

Owner 1	same as Director/Appointed Officer 1 Account Primary (Contact User Role:				
% Ownership	☐ MrMrsMsDr Name (First, Middle, Last)					ccupation Date of Birth Citizenship			Citizenship	
Residential Stre	esidential Street Address City			Province	Postal C		Country			
					Individual 1	Γrac	ding Limit (in USD)			
Owner 2	same as Director/Appointed Off	cer 2	Accou	unt Primary	Contact 🗌	Us	ser Role:			
% Ownership	☐ Mr ☐ Mrs ☐ Ms ☐ Dr Name	(First, Middle, Last))		Occupation			Date of Birth	Citizenship	
Residential Stre	reet Address City		Province		Postal Code		Country			
						Γrac	ding Limit (in USD)	\$		
Owner 3	Owner 3					Us	ser Role:			
% Ownership	D				Occupation	Occupation Date of Birth Citizenship			Citizenship	
Residential Stre	eet Address	City		Province	Postal Code		Country			
					Individual Trading Limit (in USD)			\$		
Owner 4	same as Director/Appointed Off	cer 4	Accou	unt Primary	Contact 🔲	Contact User Role:				
% Ownership	☐ Mr ☐ Mrs ☐ Ms ☐ Dr Name (First, Middle, Last)				Occupation			Date of Birth	Citizenship	
Residential Street Address City Provin			Province	Postal Code		Country				
						Individual Trading Limit (in USD) \$				

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TERMS AND CONDITIONS

Client enters into this Account Application and Agreement ("Agreement") with Castle Currency Exchange Inc, ("CCFX") solely acting as an introducer and providing an electronic trading platform to connect to our trading partner, Corpay acting as the currency dealer as of the date this document is executed by Client. Client is also required to accept Corpay's TERMS AND CONDITIONS.

1. DEFINITIONS

- 1.1. Whenever used in this Agreement, unless inconsistent with the subject matter or context, the following terms shall have the following meanings:
- 1.2. "CCFX" means Castle Currency Exchange Inc. CastleFX means the online platform of Castle Currency Exchange Inc.
- 1.3. "Corpay" means the Corpay group of related companies, including parents, subsidiaries and affiliates, including, without limitation, Corpay, Cambridge, AFEX ULC and AFEX Inc.
- 1.4. "Client" means the party entering into this Agreement with CCFX and Corpay.
- 1.5. "Services" means CCFX's provision of an electronic trading platform and Corpay's provision of various foreign exchange, settlement and delivery products and services, including without limitation, risk management and hedging services.

2. CONDUCTING BUSINESS WITH CCFX

- 2.1. <u>Agreement</u>. This Agreement shall apply to allowable currency transactions facilitated through the Castle Currency Exchange online platform or phone communications directly to our trading partner Corpay.
- 2.2. <u>Provision of Services</u> CCFX is solely acting as an introducer and providing an electronic trading platform to facilitate a connection to our Partner Corpay. Corpay is responsible for the currency transactions and fund remittance.
- 2.3. <u>NO SPECULATIVE TRADING. DERIVATIVES. OR OPTIONS</u> Client acknowledges and agrees that it is forbidden to conduct any trades for speculative purposes. Additionally, trading of options or derivatives is strictly prohibited under this agreement.
- 2.4. <u>Trade Summary.</u> Upon Client's execution and Corpay's acceptance of an Order, CCFX may issue a Trade Summary to Client. The Trade Summary is for informational purposes, a Trade Confirmation will be sent directly from Corpay.
- 2.5. Eees. Client understands CCFX will receive a revenue sharing fee for facilitating the online platform and managing the client.
- 2.6. Errors and Discrepancies. CCFX's role will be to assist client and Corpay in its efforts of any reported errors.
- 2.7. <u>Terms & Conditions Applies to CCEX</u>. Client acknowledges and agrees that the following Corpay Terms & Conditions also apply to CCFX:
 - 2.7.1. Section 2.6 No Advice
 - 2.7.2. Section 2.7 Information Sources
 - 2.7.3. Section 12 ERRORS AND DISCREPANCIES
 - 2.7.4. Section 14 Online System
 - 2.7.4.1. Note: The Online System will be provided by CCFX.
 - 2.7.5. Section 15 Online System Security
 - 2.7.6. Section 16 Intellectual Property
 - 2.7.7. Section 18 TERM, SUSPENSION AND TERMINATION
 - 2.7.8. Section 19 REPRESENTATIONS AND WARRANTIES
 - 2.7.9. Section 21 LISE OF INFORMATION PRIVACY AND DISCLOSURE
 - 2.7.9.1. Note: Privacy Policy is available on website at www.castlefx.com
 - 2.7.10. Section 22.1 LIMITATION OF LIABILITY
 - 2.7.10.1. Note: Liability for CCFX. CCFX and its representatives have no liability under this Agreement provided it has used its best efforts in providing its service.
 - 2.7.11. Section 22.4 <u>Indemnity</u>
 - 2.7.12. Section 23 COMMUNICATION AND NOTICES
 - 2.7.13. Section 24 DIPSUTE RESOLUTION
 - 2.7.14. Section 25 TERMS OF MEDIATION
 - 2.7.15. Section 26 GENERAL TERMS AND CONDITIONS





XII. DECLARATIONS

☐ I certify I have obtained the consent of the individuals whose personal information is provided on this document, where the information is not otherwise accessible from a public source.								
☐ I certify I have the authority to provide the information on this document and to verify its truth and accuracy.								
I certify that all statements contained in this Agreement, and any other information contained in documentation submitted in support of this Agreement, are true and correct.								
☐ I have read, understood and agree to the above terms and conditions.								
☐ I have received, read, understood and agree to the Corpay terms and conditions shown in this link https://cross-border.corpay.com/tc/.								
☐ I have the authority to enter into this Agreement on behalf of the Client and t	to bind the Clien	t to the terms of this Agreement.						
☐ I agree it is my responsibility to make an initial test or a small partial payment to each new beneficiary and ensure it properly reaches it destination. ☐ I confirm that I have requested this Agreement and all related documents to be drawn up in the English language only. Je confirme avoir exigé que ce contrat et tous les documents s'y rapportant soient rédigés en Anglais.								
Full Legal Name of Client:								
Signatory 1								
Full Legal Name of Signatory:	Job Title:							
Signature:		Date:						
Signatory 2								
Full Legal Name of Signatory:	Job Title:							
Signature:		Date:						